

## INSTRUCTIONS FOR COMPLETING FORM: CERTIFICATION OF HEALTH CARE PROVIDER

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Pursuant to the provisions of the Family and Medical Leave Act of 1993 and the regulations promulgated by the US Department of Labor, the Employer is entitled to receive answers to all of the questions on the Certification of Health Care Provider that apply. If the serious health condition of the Employee is the reason for FML, then Questions 1, 2, 3, 4, 5, 6, and 7 must be completed. If the certification is for a Family Member of the Employee, then Questions 1, 2, 3, 4, and 8 as well as the final Section above the Employee's signature must be completed. The form must be signed and dated by the Health Care Provider (HCP) and the Employee and submitted to the Human Resources Office within fifteen (15) days.

The following information should help the Employee and the HCP understand the information needed by the Employer in order to meet operational needs to cover the Employee's anticipated absences.

**For the Health Care Provider (HCP) to answer:**

- ☐ Questions 5 & 6 & 8 – the estimate of duration of the incapacity or number of treatments is an estimate of the number of times per week or per month that the HCP's experience with the patient's past history indicates the patient will be incapacitated or require treatment or the assistance of the employee/family member and is not an estimate of the duration of the serious health condition itself. Examples would be "2-3 times per month for 1-2 days each time" or "treatments 1 day every 3 months." The employer is entitled to 30 days advance notice of foreseeable absences, so if the schedule of treatments is known, it should be included.
- ☐ Question 7 – a job description should be included in this packet of information for your review to determine the extent of restrictions on the employee's ability to perform his/her job functions. Restrictions include limits on amount of time at work (frequency and duration of absences) as well as limitations on ability to perform specific duties.

**For the Employee to answer:**

- ☐ Section just above the Employee's Signature - The section about caring for a family member is to be completed by the Employee, not the HCP, and must specifically state what care is being provided and the time frame. An example might be: "I will be taking my mother to doctor's visits and assisting with her medication. She has to see the doctor every Thursday at 10am and her medications have to be administered at 7am and 4pm every day." That does not mean that the employee cannot take mom to the doctor for emergencies, but does give a basic framework for the employee's absences from work.

**Information Provided to HCP by Employer and Employee:**

- ☐ Employee's Job Description
- ☐ Employee's Work Schedule/Attendance Record
- ☐ Other \_\_\_\_\_

**Signatures and Dates Required by both Health Care Provider and Employee.**